

10/542573

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1	1		1				51						
2							52						
3	8			1			53						
4							54						
5	1		1				55						
6				1			56						
7	1			1			57						
8				1			58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.		6					TOTAL DEP.						
TOTAL CLAIMS		8					TOTAL CLAIMS						